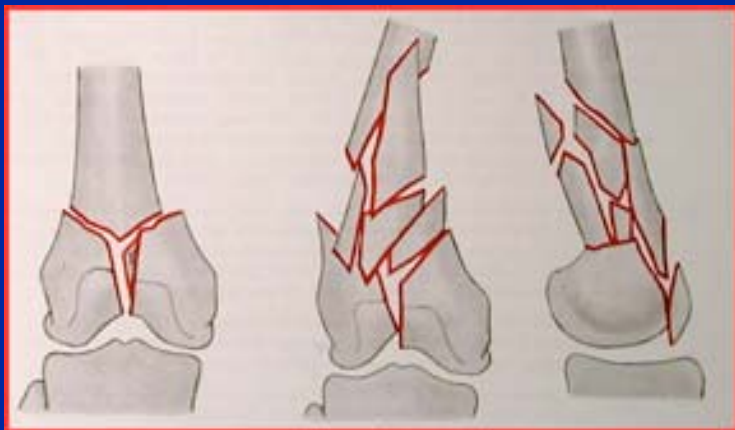


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Fratture del ginocchio

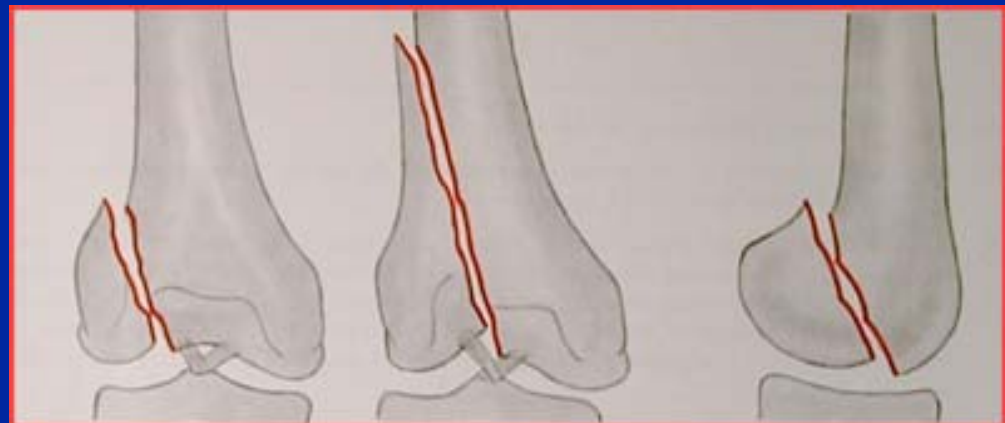
Classificazione delle fratture dell'estremità distale del femore

Sovra-condiliche 45 %



Sopra ed intercondiliche

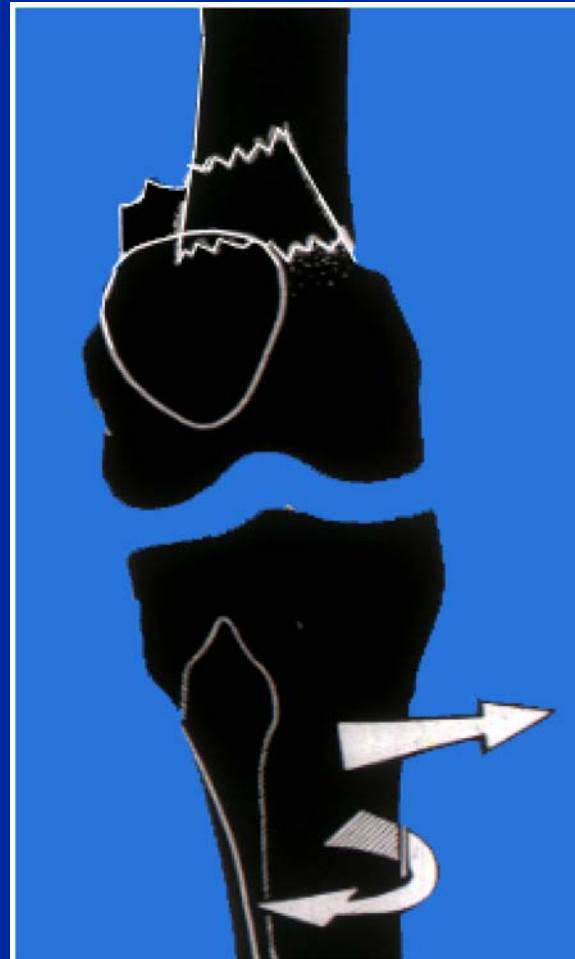
35 %

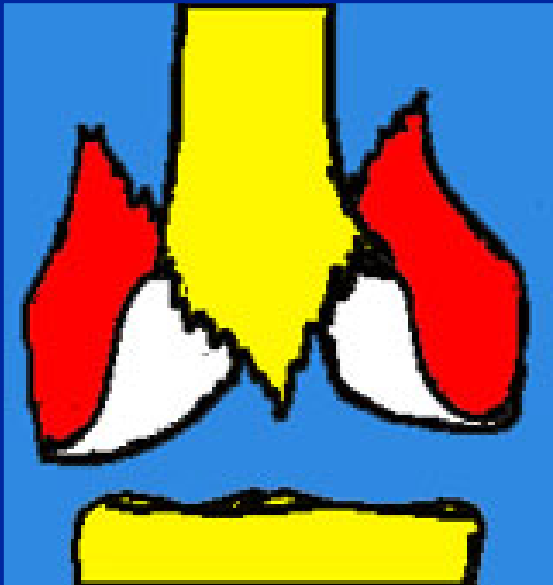


Monocondiliche verticali orizzontali

20 %

Spostamenti delle fratture sopra-condiliche





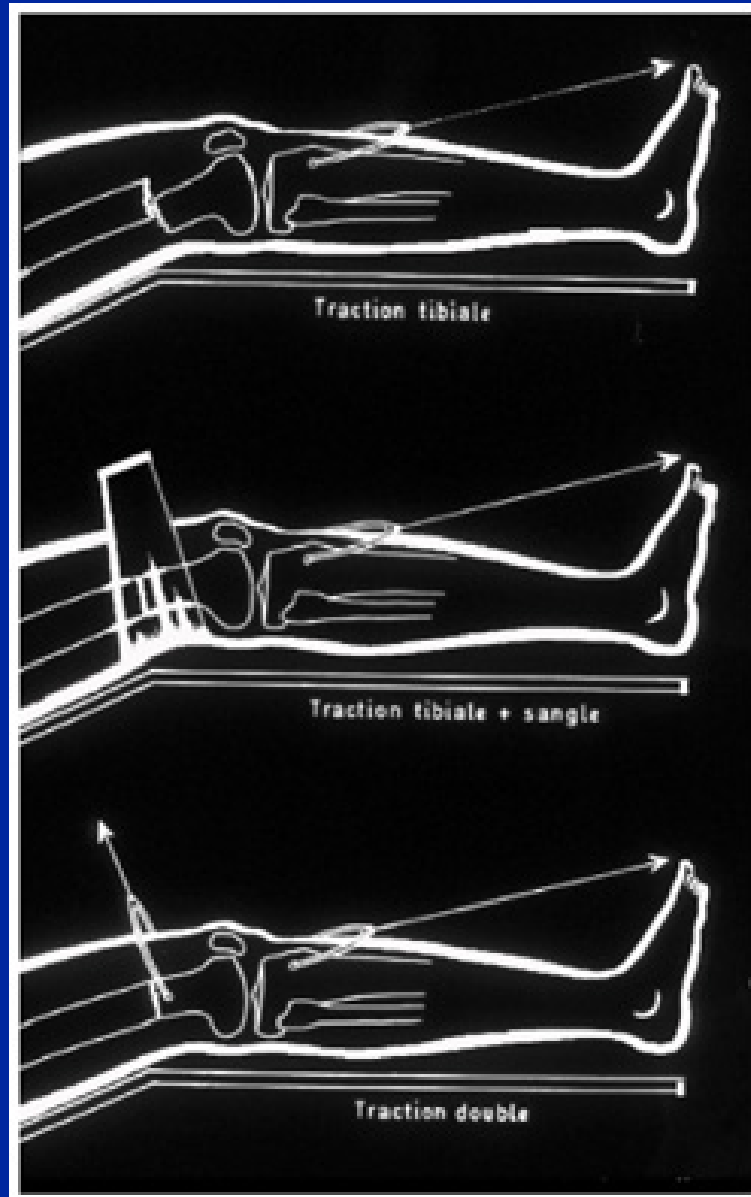
Frattura sopra e intercondiloidea



Frattura comminuta articolare

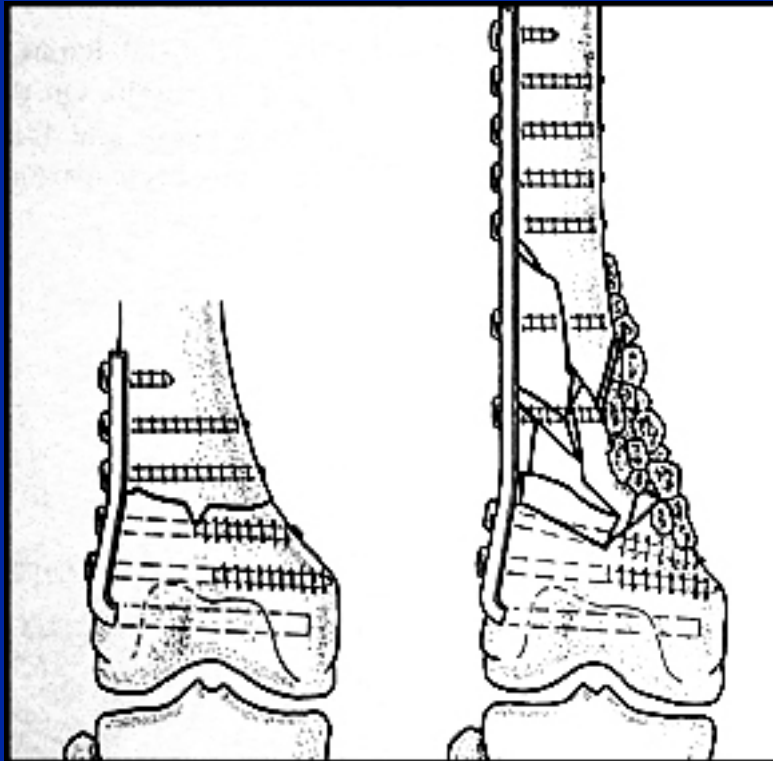
Spostamenti delle fratture sopra-condiliche



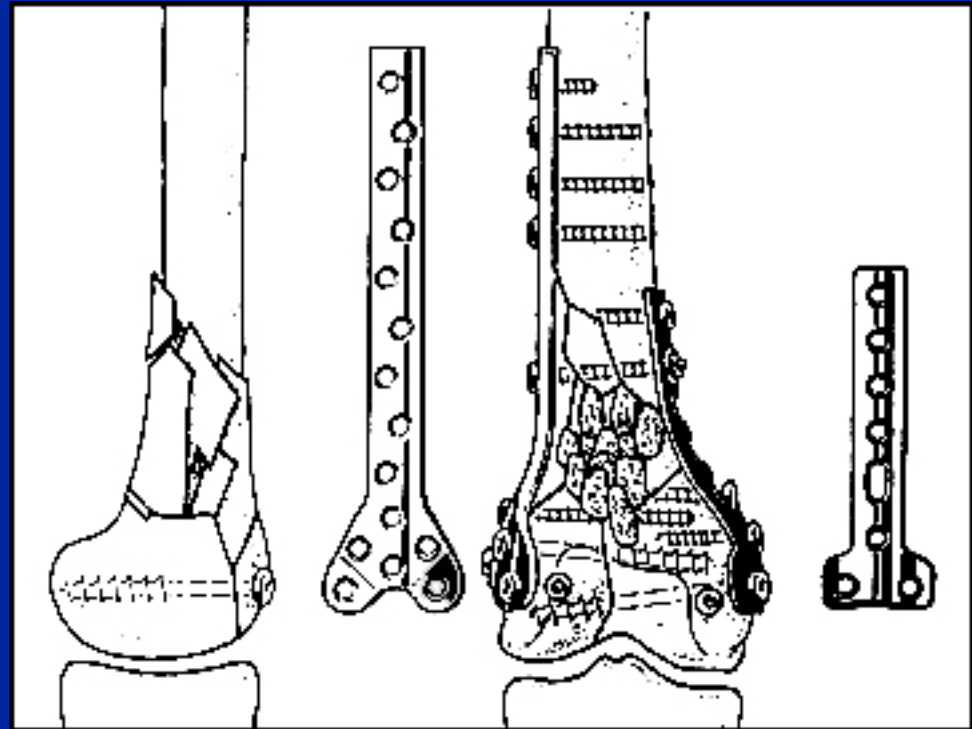




Sintesi delle fratture sopra-condiliche

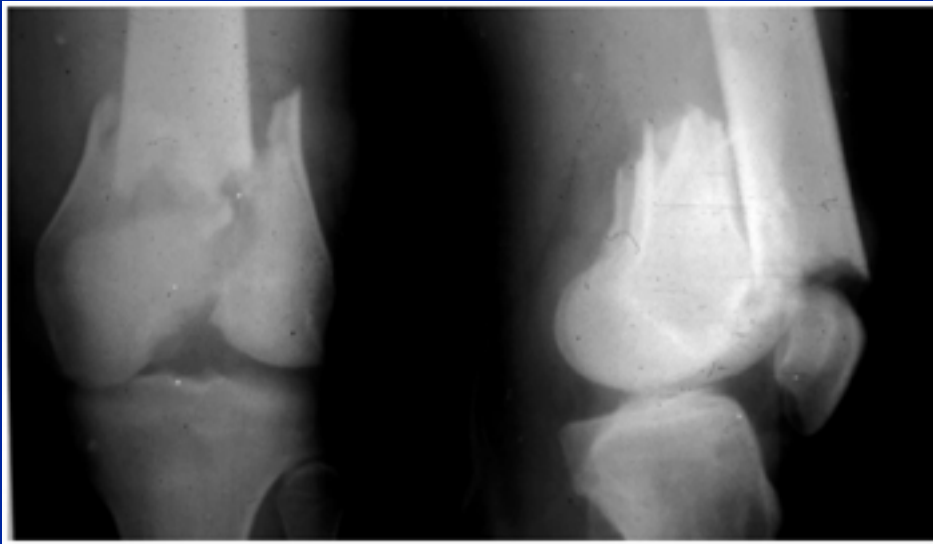


Lama placca



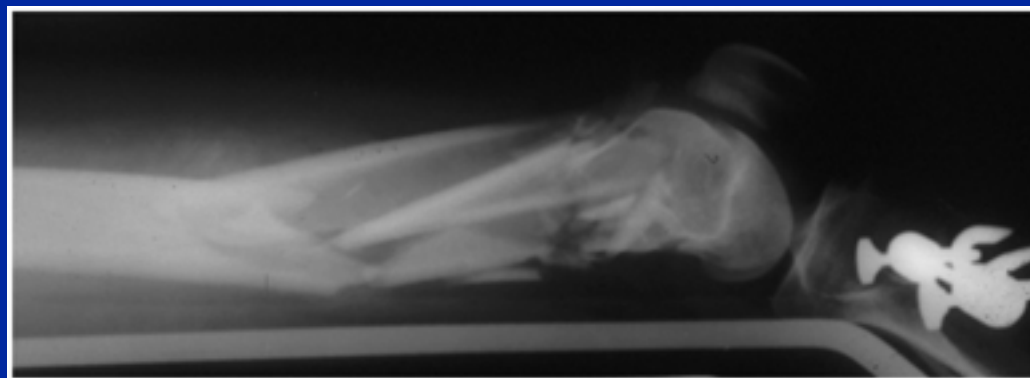
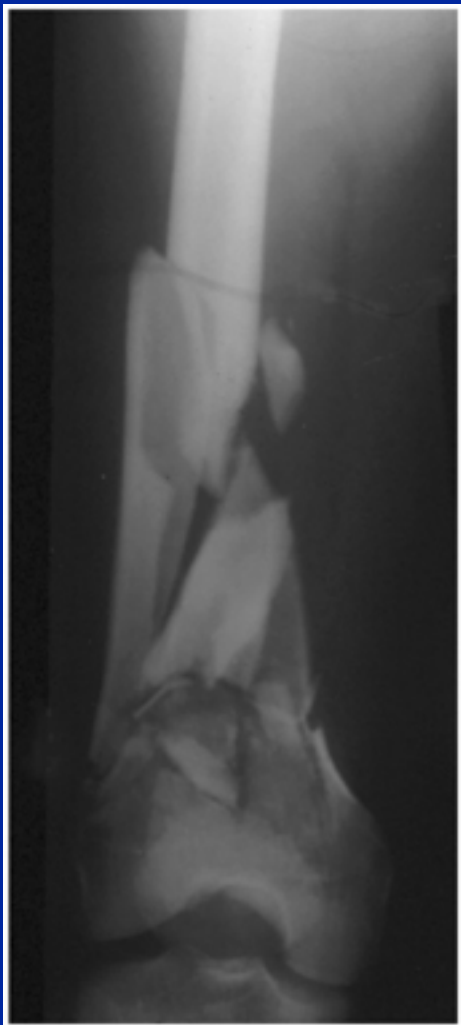
Placche semplici o doppie

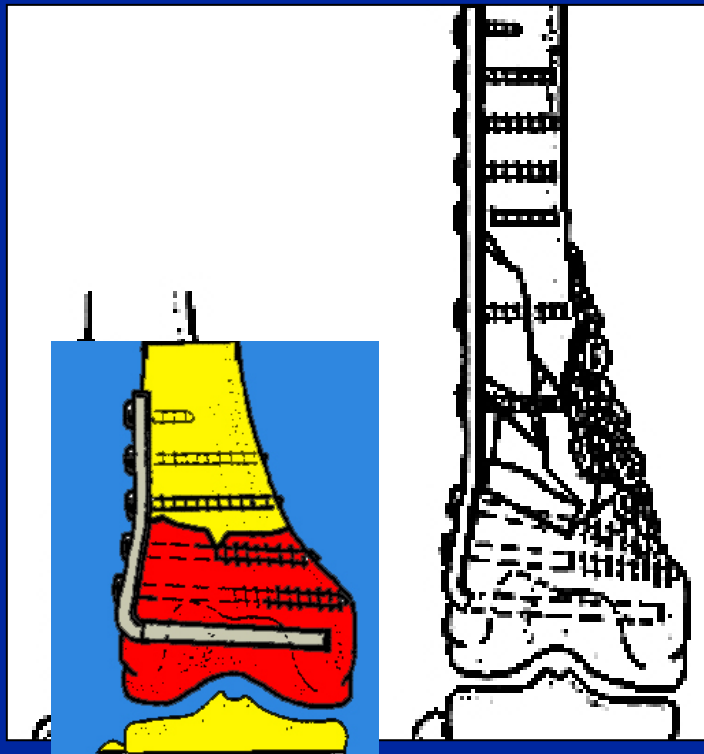
Fratture sopra ed inter-condiliche



Viti-placca di Judet

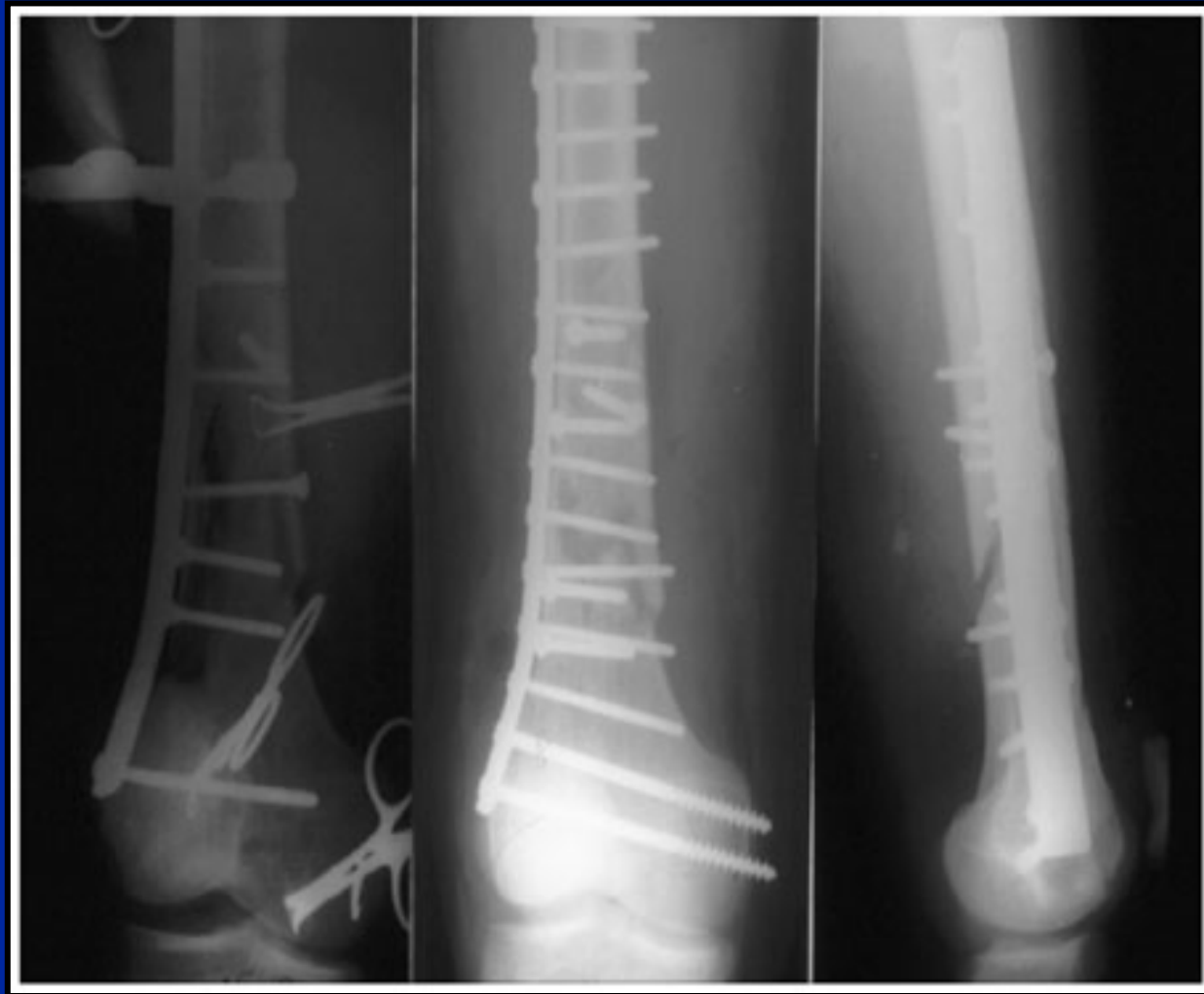
Fratture comminute

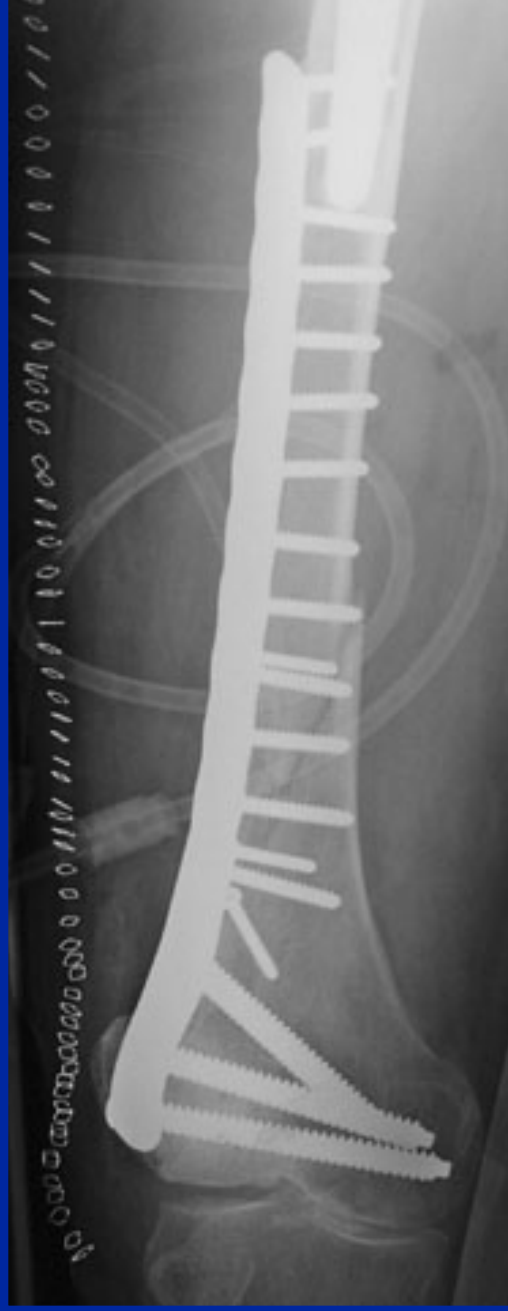




Fratture comminutive : ponteggio con placca

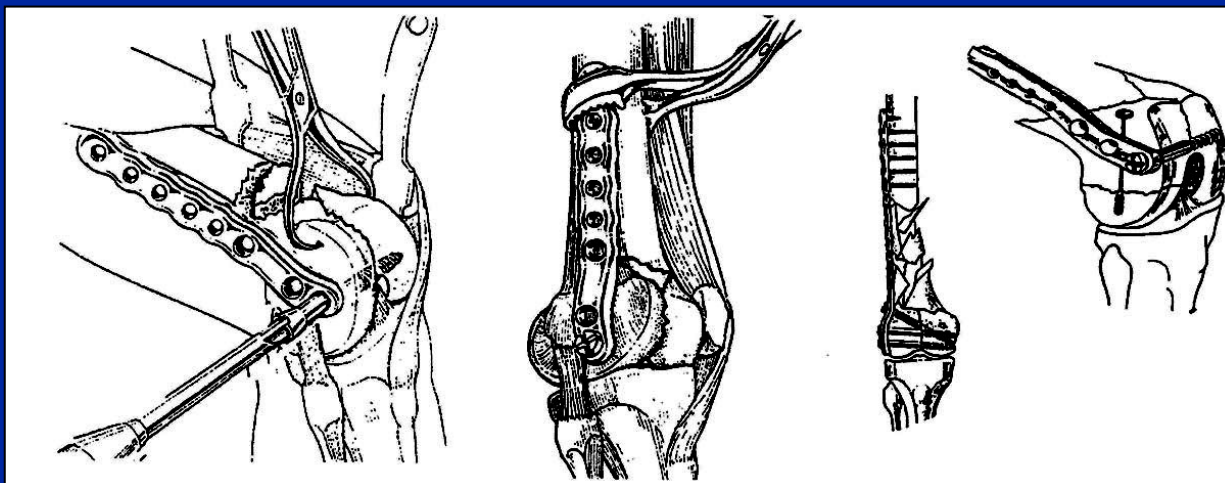
Fratture comminutive : ponteggio con placca







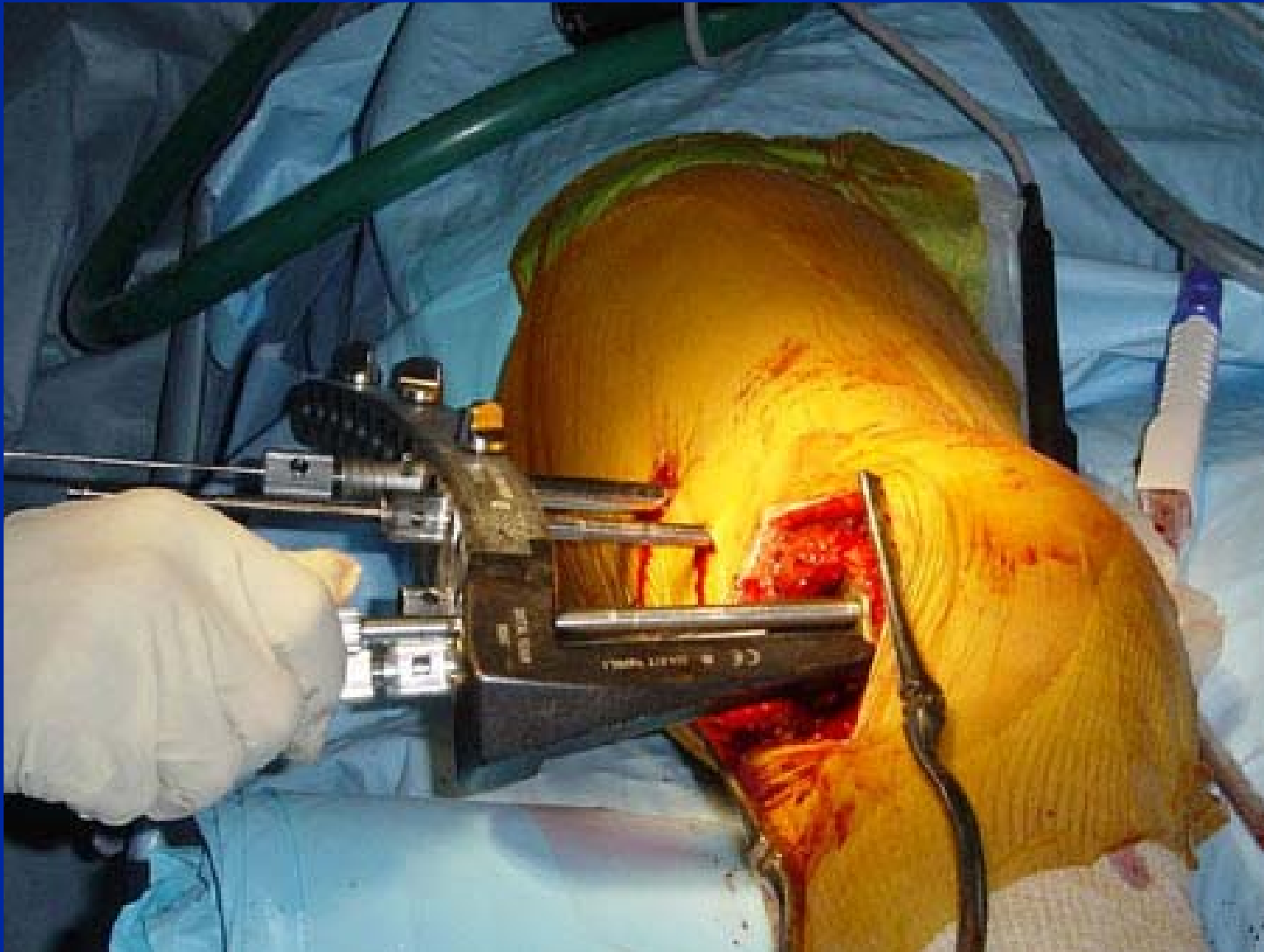
Placca

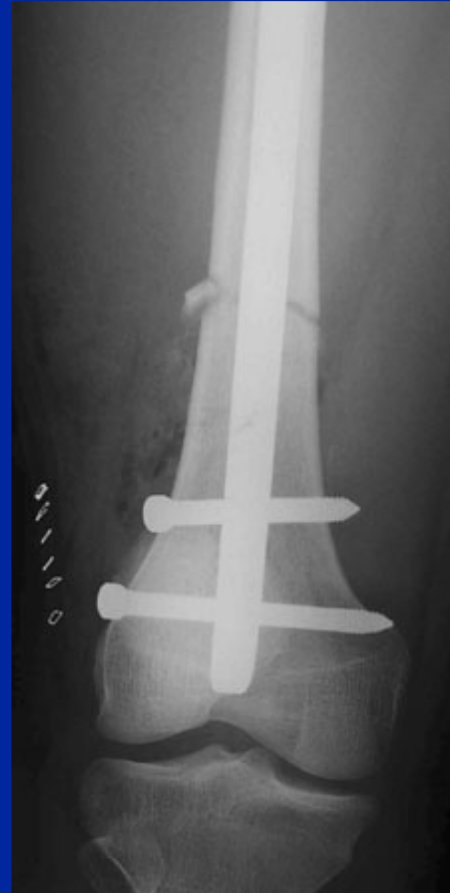


Placca da Chiron

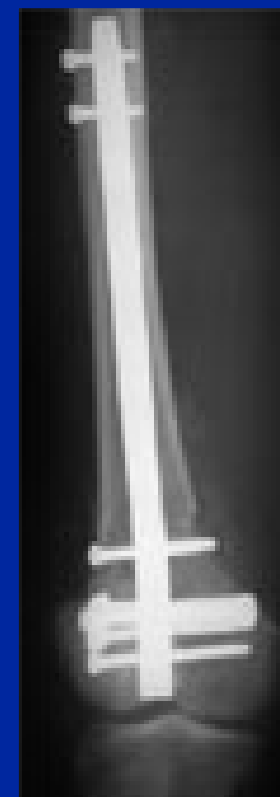
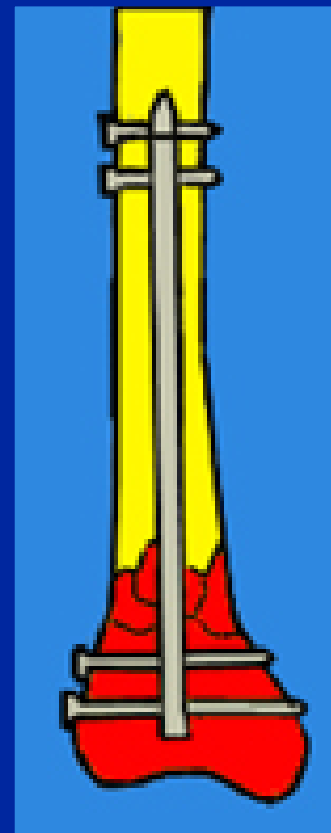
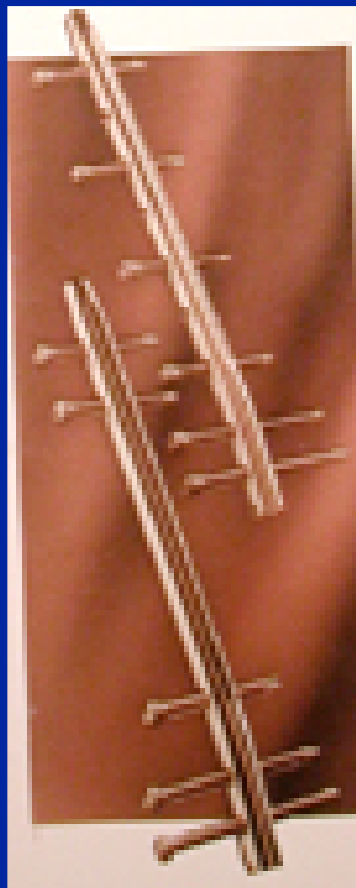


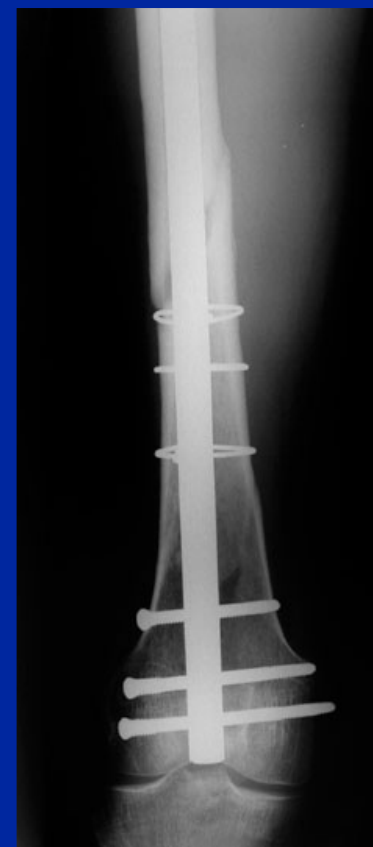
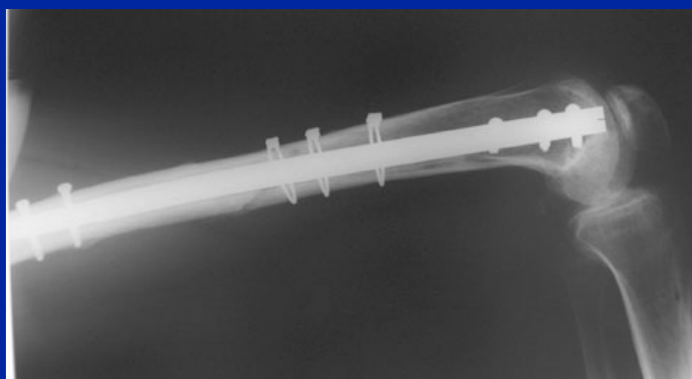
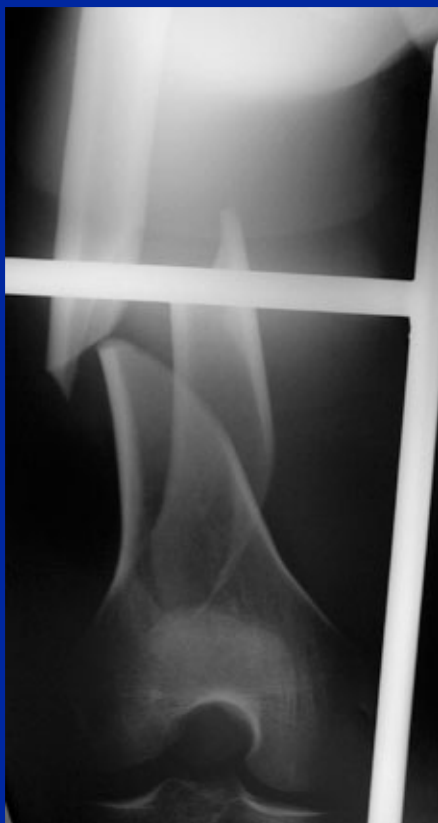
Sistema di osteosintesi mediante placca applicata contro l'osso con una via di accesso piccola. Le viti sono posizionate mediante accessi cutanei guidati con un sistema esterno (Synthse)





Inchiodamento retrogrado

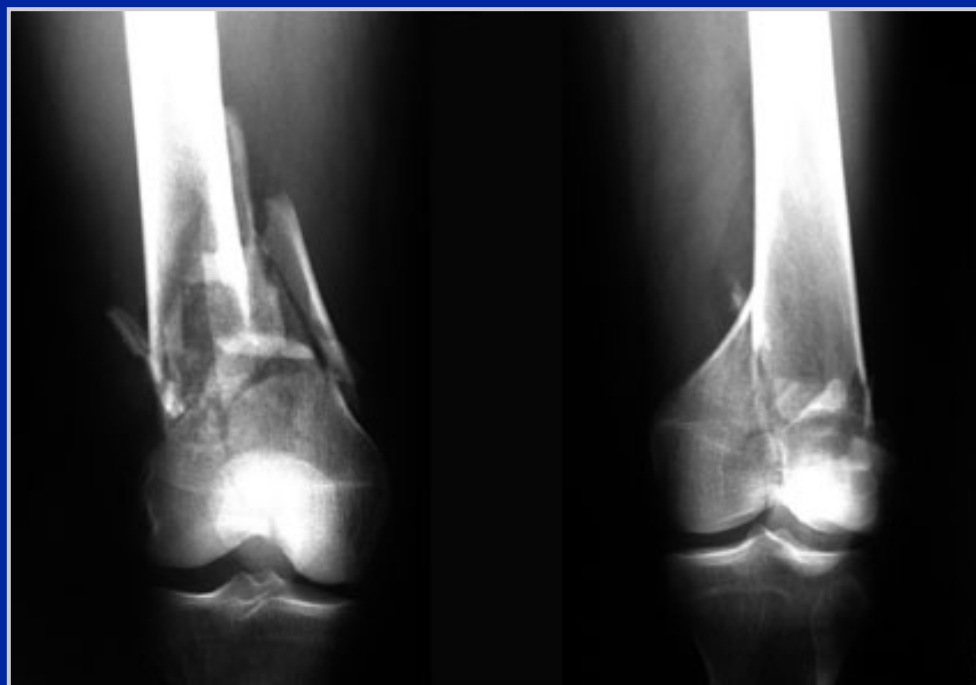




Inchiodamento retrogrado



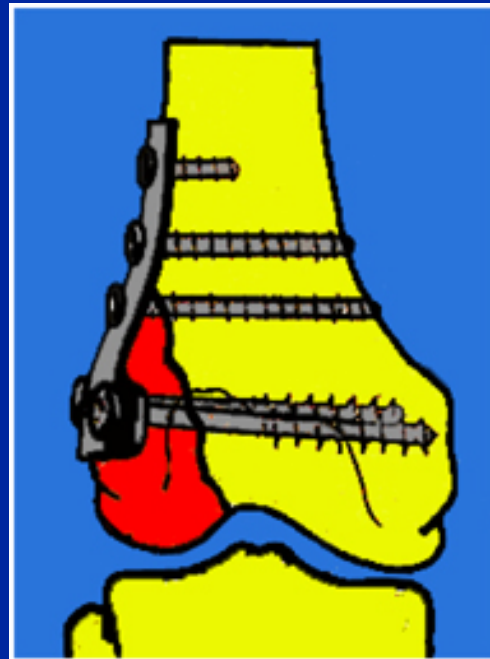
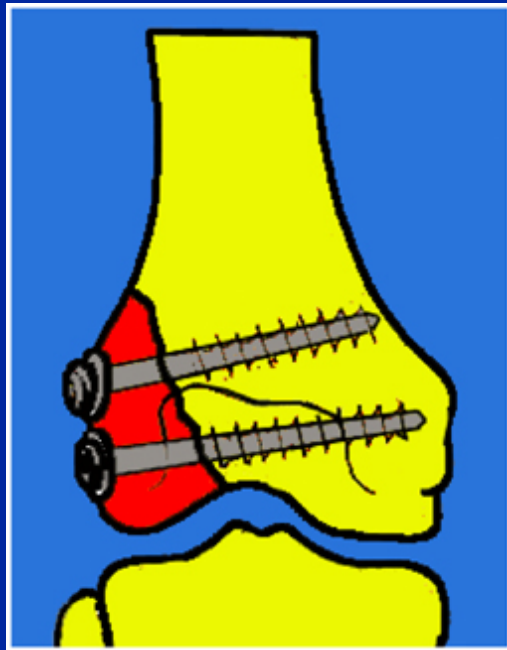
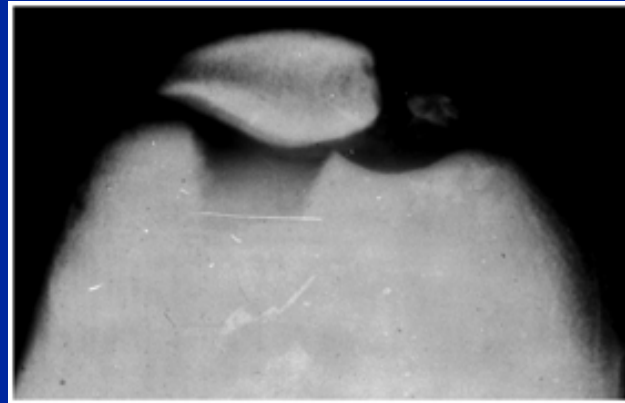
Inchiodamento retrogrado



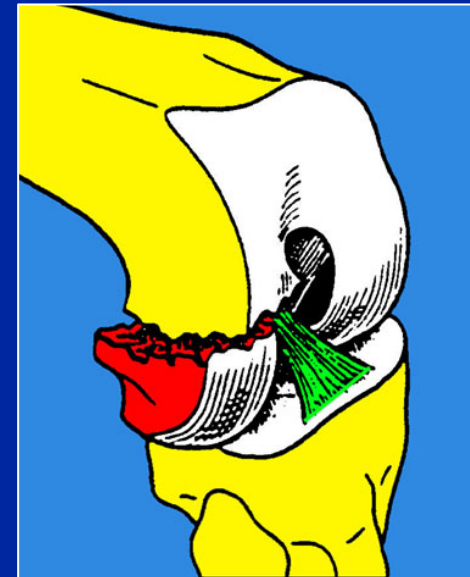
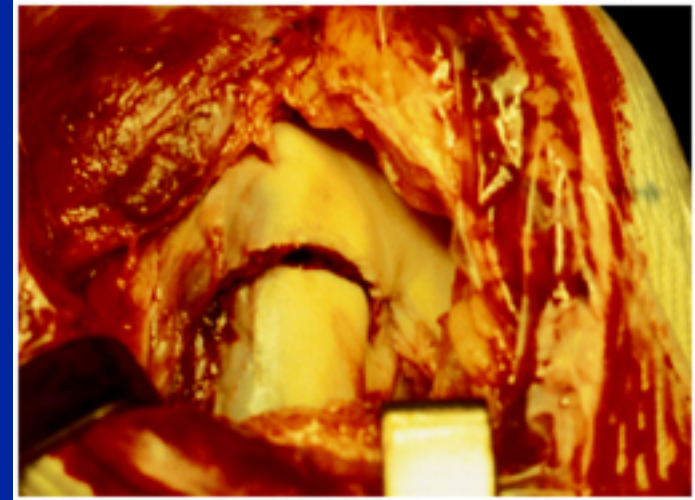
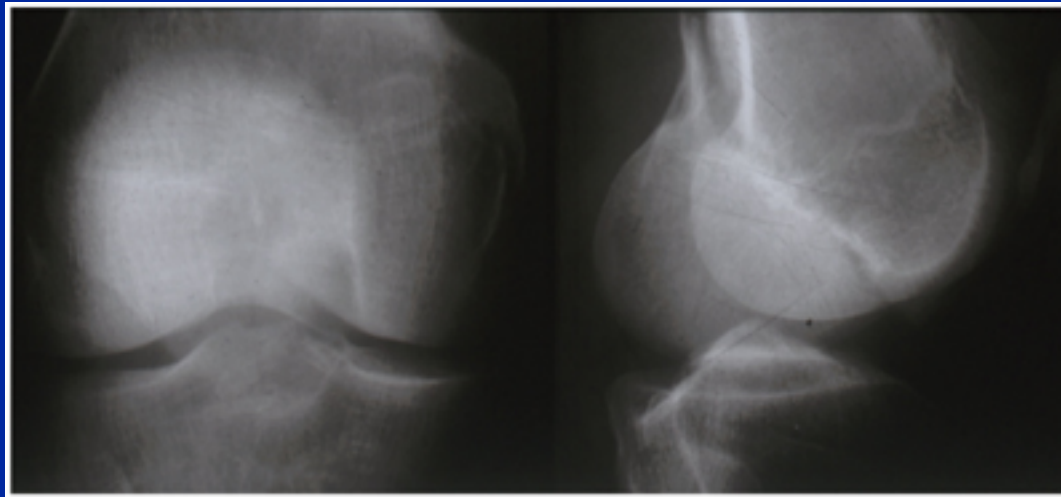
Sequela : callo vizioso



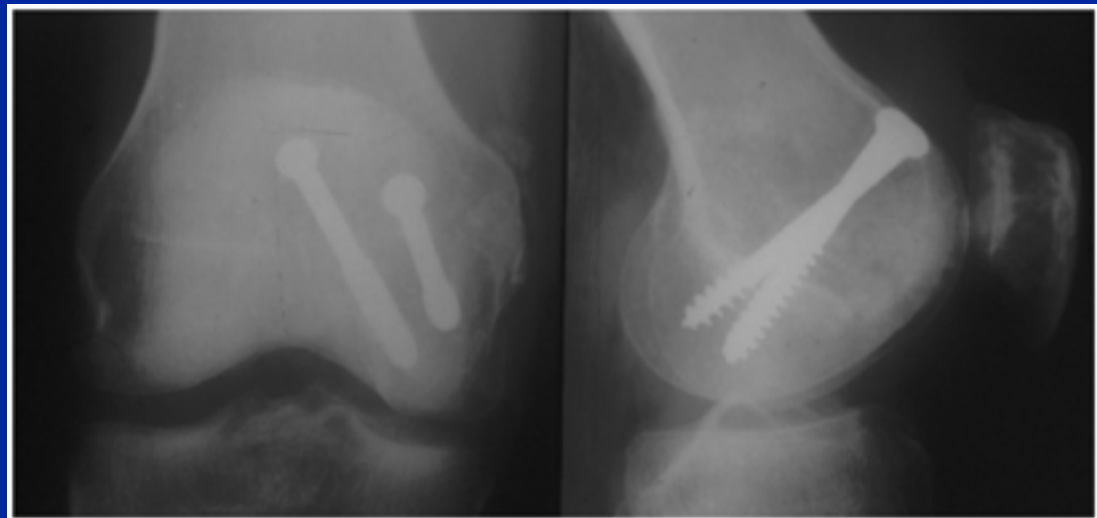
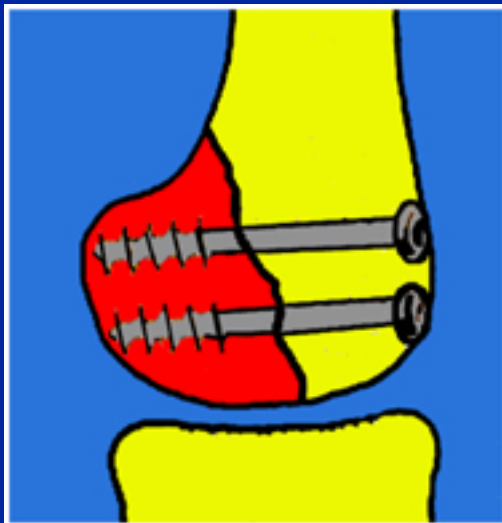
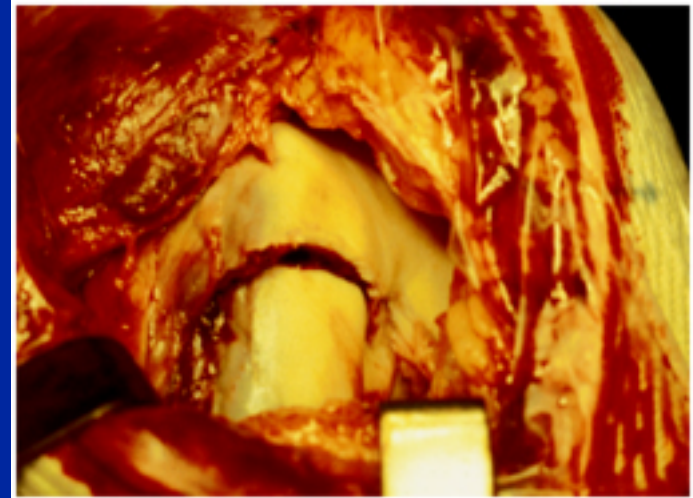
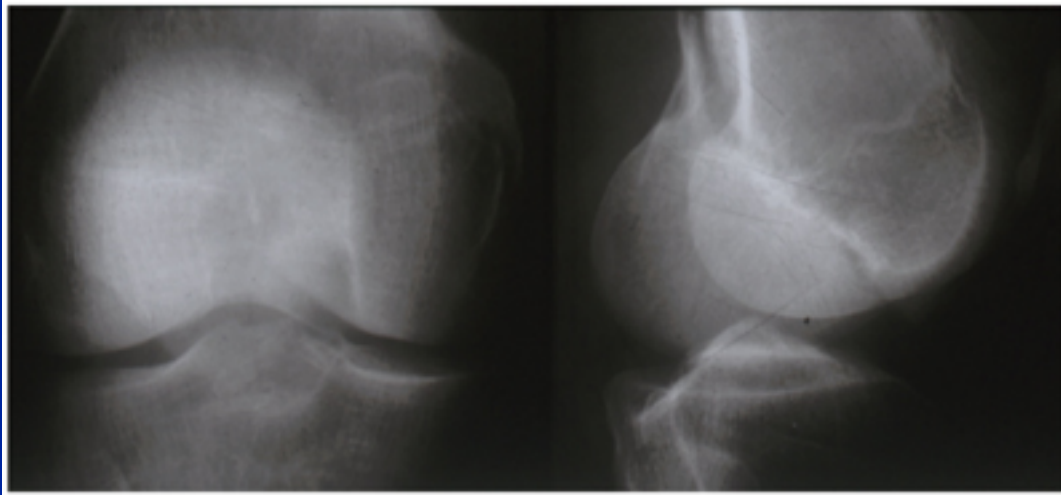
Fratture monocondiliche di Trélat

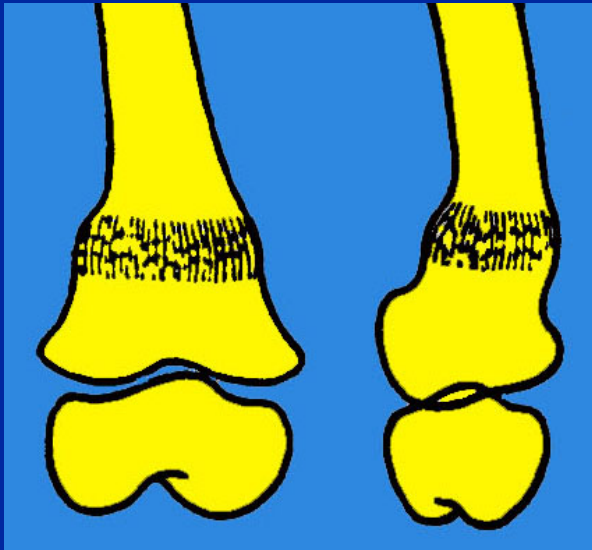


Fratture monocondiliche di Hoffa

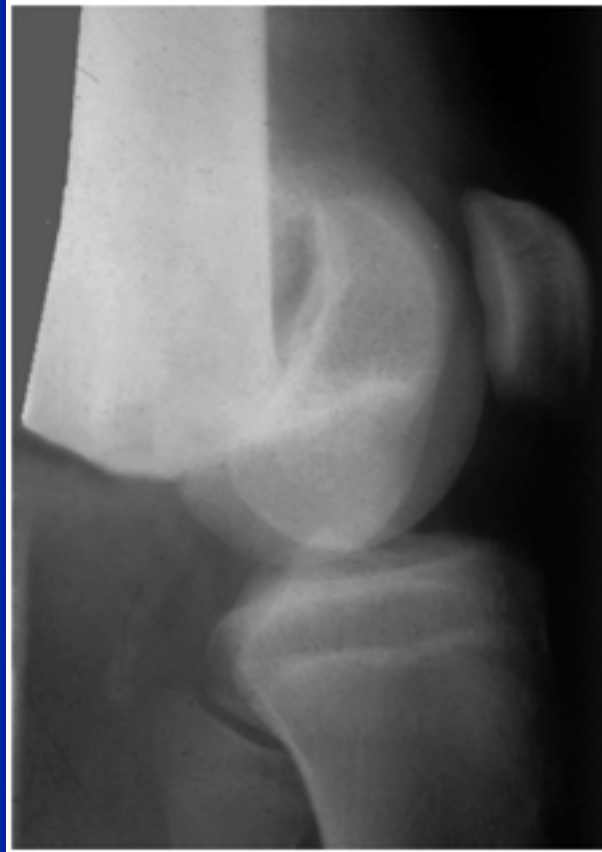


Fratture monocondiliche di Hoffa





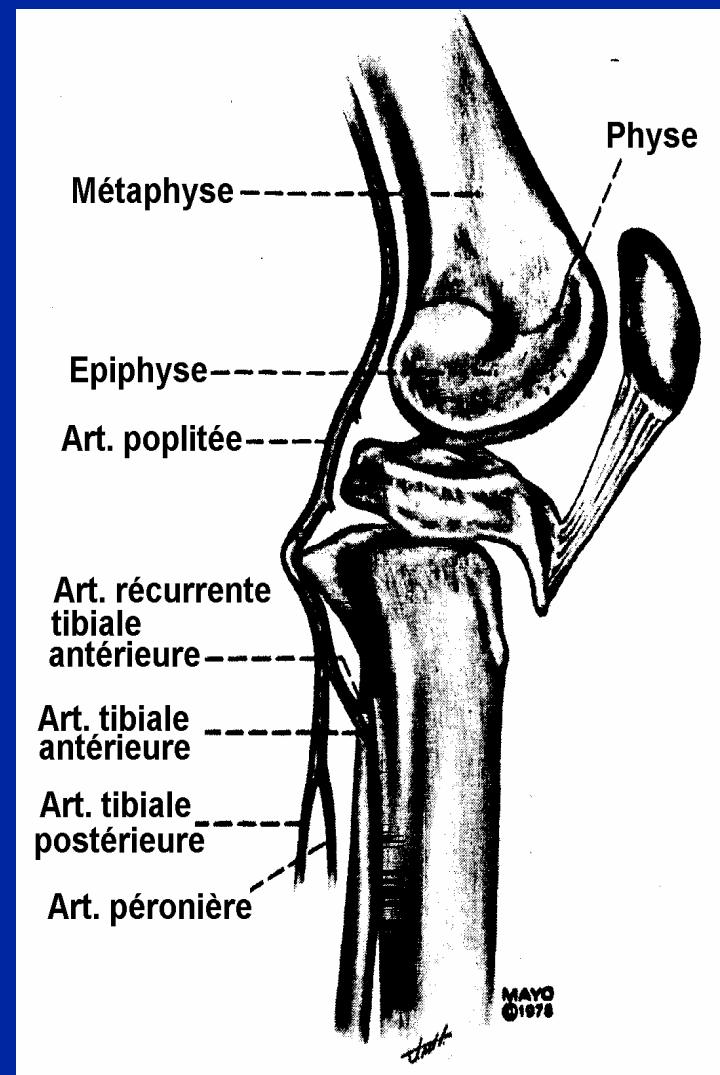
Distacchi epifisari



I distacci epifisari dell'estremità inferiore del femore

- **Rischi iniziali**
 - Vascolari
 - Nervosi
- **Rischi secondari**
 - Epifisiodesi centrale o periferica

⇒ Doppler + +

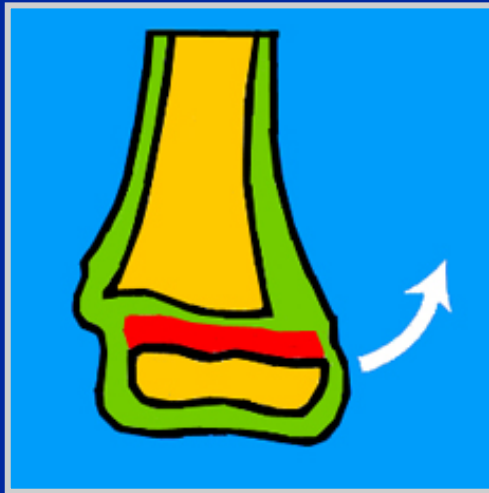


I distacci epifisari dell'estremità inferiore del femore

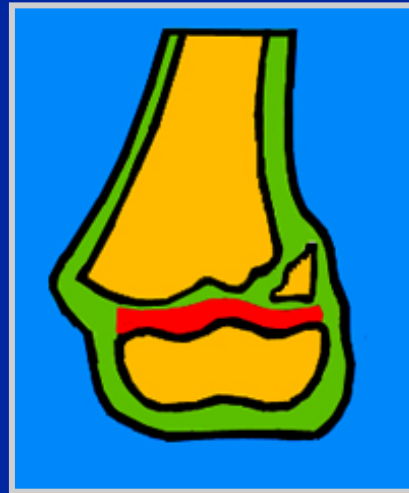
- **1% delle fratture dei bambini**
- **70% dei casi : adolescenti**
- **70% Salter II ; 10 % Salter I**
- **50 % : traumi sportivi**
- **25 % : Incidenti stradali**

Traumi della cartilagine di accrescimento

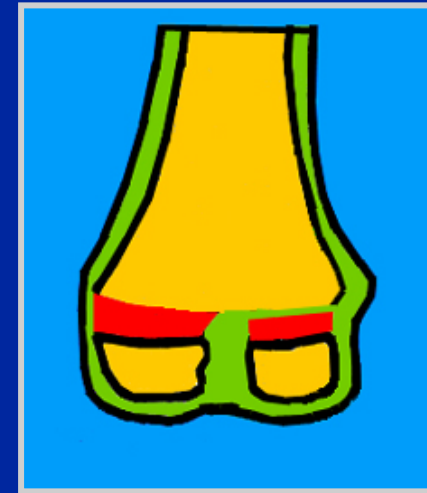
Fratture distacchi-epifisari di Salter et Harris



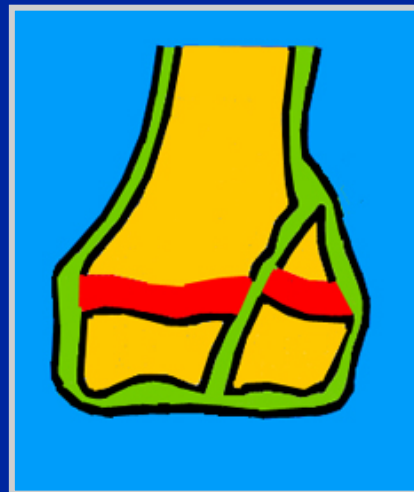
Tipo 1



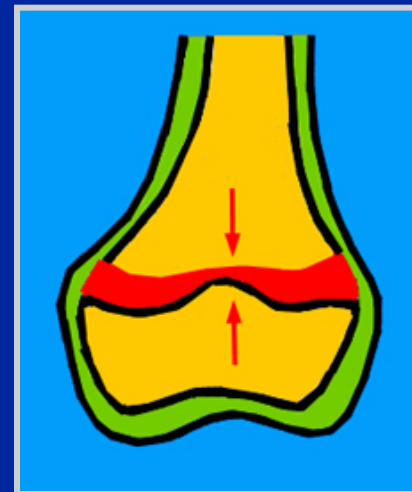
Tipo 2



Tipo 3

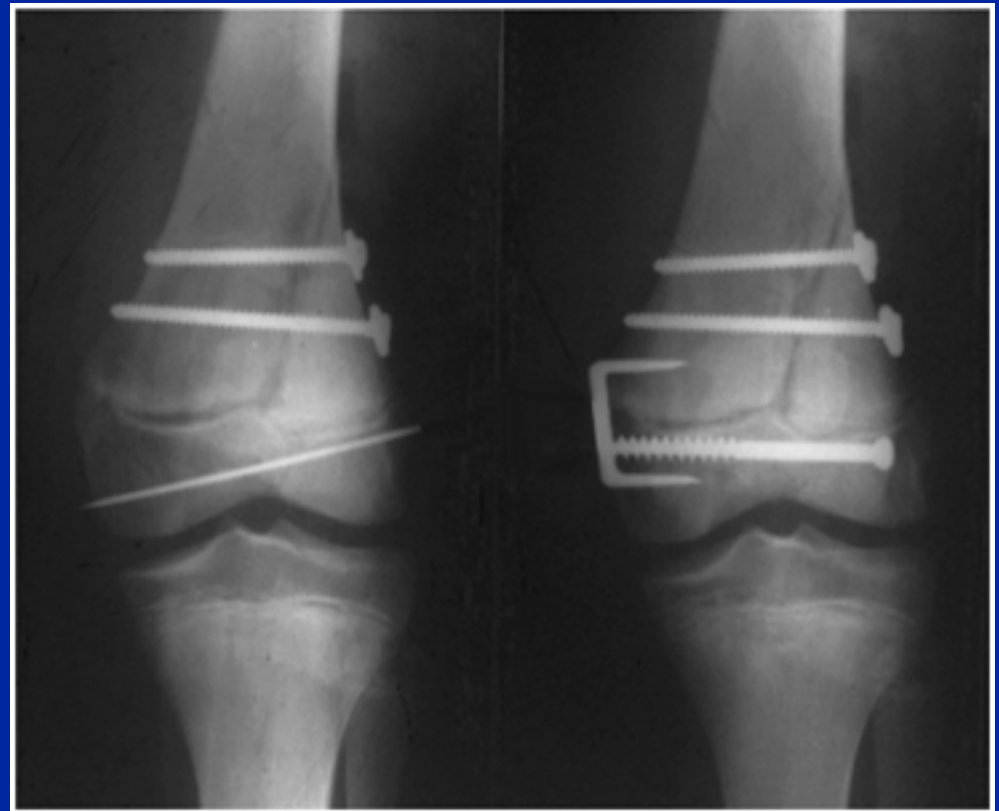
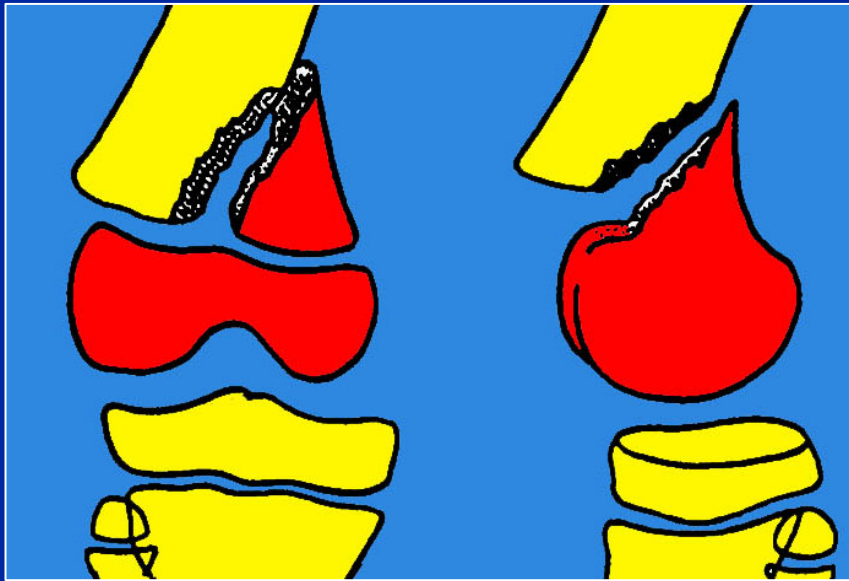


Tipo 4



Tipo 5

Distacchi epifisari



- Trauma in iper-estensione del ginocchio
- Salter 1
- Nessun trauma vascolare ma disestesie del dorso del piede
- Rischi cutanei alla faccia post-esterna del ginocchio



Fratture in iper-estensione scomposte

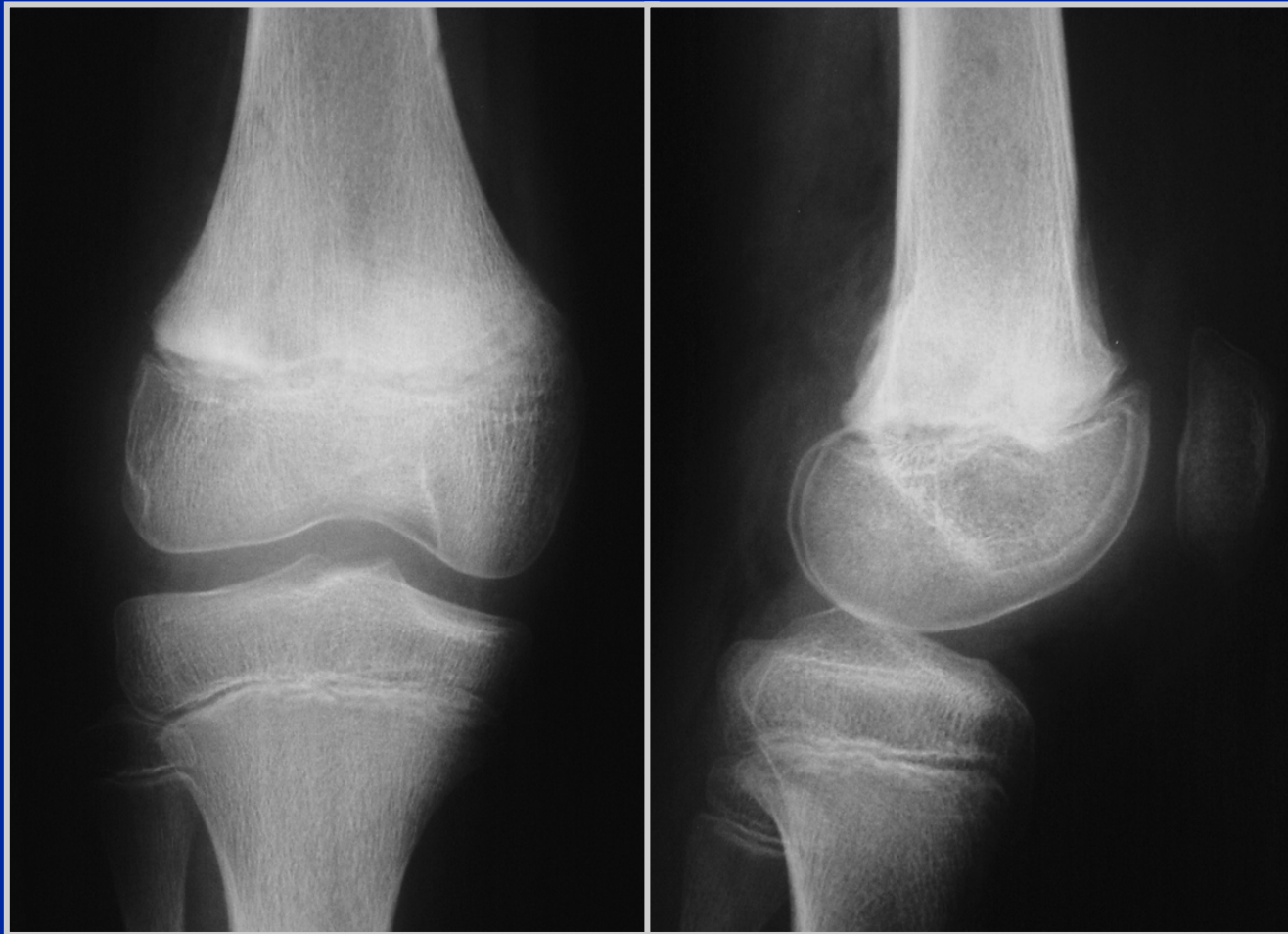


- Trazione assiale delicata sul ginocchio flessi fino a che l'operatore « riposiziona » l'epifisi verso il basso ed indietro
- Eventuale correzione della traslazione laterale

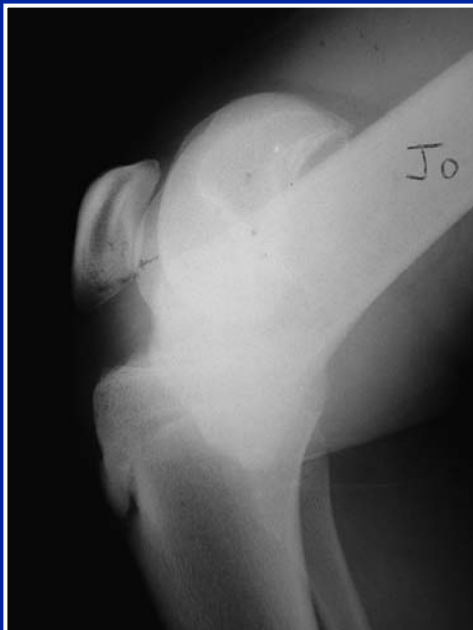
Inchiodamento percutaneo ascendente



Dopo 5 settimane :rimozione dei fili



Salter 1





Salter II con frammento interno, scomposizione secondaria dopo trattamento ortopedico ⇒ infibulamento

- Ginocchio valgo da epifisiodesi asimmetrica
- Osteotomia femorale di varizzazione alla fine della crescita



Complicanze dei traumi delle cartilagini della crescita

- **ILMI : 25%**
 - epifisiodesi controlaterale
 - Allungamento femorale
- **Difetti dell'asse: 20%**
 - desepifisiodesi
- **Rigidità: 15%**

B.. 7 anni

**Incidente col trattore
Frattura chiusa
Polsi presenti
Paralisi SPE**

Riduzione della frattura

**Dopo 3 mesi :
Segni di recupero :
Nessuna indicazione alla
EMG**

